

Committee for Political Action (PAC) Registration Form

1332

FILE

State of Nevada

APR 05 2006

Print or type the following information; complete by **DEAN HELLER**
SECRETARY OF STATE of this registration form:

REGISTRATION: (check one) ☒ New registration ☐ Amended registration (if amended, list reason)

REASON FOR AMENDMENT: ☐ Change in officers ☐ Change resident agent
☐ Other _____

NAME OF COMMITTEE:

Mailing Address:

Nevada Next Political Action Committee
7511 W Diablo Dr
Las Vegas NV 89113 702-362-9199
City State Zip Telephone

PURPOSE: (Briefly state the purpose for which the political action committee was organized.)

to assist young progressive candidates get elected to office

RESIDENT AGENT: (Pursuant to NRS 294A.240, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

Name of Resident Agent:

Mailing Address:

Bonnie Jacobs
7511 W Diablo Dr
Las Vegas NV 89113 702-362-9199
City State Zip Telephone

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, Bonnie Jacobs, hereby accept appointment as Resident Agent for the
above named committee for political action.

Signature of Resident Agent

Date

OFFICERS:

(Please list the name, title, address and telephone number of each officer.)

Askranti-Fayshel Gholar
Name
Executive Director 702-362-9199
Title Telephone Number
Bonnie Jacobs
Name
President 702-362-9199
Title Telephone Number

6945 Willow Warbler
Address
North Las Vegas NV 89084
City/State/Zip
7511 W Diablo Dr
Address
Las Vegas NV 89113
City/State/Zip

Name

Title Telephone Number

Address

City/State/Zip

Name

Title Telephone Number

Address

City/State/Zip

Name

Title Telephone Number

Address

City/State/Zip

AFFILIATIONS: (If the committee for political action is affiliated with any other organizations, list the name, address and telephone number of each organization.)

Name of Organization:**Address:****Telephone No.:**none**Submitted By:**

Bonnie Jacobs
Name of representative of group

March 29-04
Date

Send Completed Form to:
SECRETARY OF STATE
101 NORTH CARSON STREET #3
CARSON CITY, NEVADA 89701-4786

PHONE: (775) 684-5705 FAX: (775) 684-5718